PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1-24911

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			1 . "		(00,0	11111 27	l. 1		 T	OR 7			
TOTAL CLAIMO			&					RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMB	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=		· 10			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS						<u>'</u>		X43=		OR	X86=		
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=		
* If	the difference	in column 1 is	less than ze	ero, enter	"0" in c	olumn 2	•	TOTAL		OR	TOTAL	770	
CLAIMS AS AMENDED - PART II								OTHER THAN					
	·	(Column 1)		(Colun		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43=		OR	X86=	·	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			+145=		OR	+290=		
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
		ADDII. FEL I			ADD11. 1 CC								
AMENDMENT B		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Colum HIGHE NUME PREVIO PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
ME	Ind pendent	*	Minus	***		=		X43=		OR	X86=		
٩	FIRST PRESE	NTATION OF MU	ILTIPLE DEF	PINDENT	CLAIM		╿┞			Un			
		•		+145=	,	OR	+290=						
	٠			Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE					
		(Column 1)		(Colum		(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	l I	
1ME	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE		
		mber Previously Paid ber Previously Paid					r foun	id in the app	ropriate box	in coli	umn 1.		